

Impartial Hearing Officer Invoice - Nonstate Employee

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

For (Activity/Appellant Name)		Date(s) of Activity	
IMPARTIAL HEARING	\$766.00		\$ 766.00
SUBTOTAL			\$ 766.00

EXPENSES

TOTAL MILES					X \$0.425	\$
	From		To	And Return	(Miles)	
	From		To	And Return	(Miles)	
ANNUAL RETAINER FEE @ \$443.00						\$
TRAINING (MINIMUM OF 4 HOURS) @ \$23.00 X ____ Hour(s) =						\$
TRAVEL TIME (For actual "behind the wheel" time in excess of 30 minutes) @ \$23.00 X ____ Hour(s) =						\$
CHAIRPERSON (Coordination issues for IHOs) @ \$44.00 X ____ Hour(s) =						\$
PARKING *						\$
BREAKFAST @ \$8.00 maximum (depart prior to 6:00 a.m.)						\$
LUNCH @ \$9.00 maximum (depart prior to 10:30 a.m. / return after 2:30 p.m.)						\$
DINNER @ \$17.00 maximum (return after 7:00 p.m.)						\$
ROOM * @ \$62.00 maximum (per night)						\$
POSTAGE *						\$
TELEPHONE *						\$
OTHER * (Please Itemize)						\$
						\$
						\$
(* Please attach receipts)					SUBTOTAL	\$
					TOTAL	\$

Hearing Officer Name (Please Print)

Hearing Officer Signature	Date Signed
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Please return completed form to: DVR Hearing Coordinator
 PO Box 7852
 Madison, WI 53707-7852